

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		2		1		
6		8		1		
7		8		1		
8	1		1			
9	1		1			
10	1		1			
11	1		1			
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TOTAL IND.			↓	161	↓	↓
TOTAL DEP.			←	161	←	←
TOTAL CLAIMS			████████	161	████████	████████

BEST AVAILABLE COPY